

INSTRUCTIONS AND EXPLANATION OF CODES FOR NOTICE OF MEMBERSHIP CHANGES (NOMC)

KEY WORD

ADD COBRA	When subscribers and/or their dependents have chosen to continue coverage and have made their initial payment.
REINSTATE COBRA	When an employee who has been cancelled wishes to be reinstated on COBRA, after making payment.
LE	LEFT EMPLOYMENT - Please reference LGC HealthTrust's <i>Benefits Administrator Manual</i> for continuation of coverage rights. All forms must be received prior to the effective month.
DECEASED	Please be advised that the effective date is the last day of the month following death. Give exact date of death below the effective date. Complete a <i>Medical and/or Dental Application and Change Form</i> if deceased is a dependent.
VOL CANCEL	If subscriber requests voluntary cancellation during employment . All forms must be received prior to the cancel date. Members can only voluntarily cancel dental coverage at the group's open enrollment period. Do not use this key word for termination of employment.
CANCEL COBRA	Any cancellation of COBRA. Please specify "voluntary" or "non-payment."
TRANSFER	Any transfer from section to section. A <i>Medical and/or Dental Application and Change Form</i> may be required; please reference LGC HealthTrust's <i>Benefits Administrator Manual</i> . If an <i>Application and Change Form</i> is required, an <i>NOMC</i> form is not necessary.

PLEASE NOTE:

- One *NOMC* form is needed for each different eligibility organization name. You can use one *NOMC* form for multiple group numbers if within the same eligibility organization name.
- The effective date on all cancellations is the last day of the month, e.g., 30th, 31st.

MEMBERSHIP TYPES	
1 - Employee only	3 - Employee and child
2 - Employee and spouse	4 - Employee, spouse, child(ren)